

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** ~~Infusion Therapy Providers~~ Pharmacists

**Memorandum No: 03-**

**20 MAA**

**Issued:** July 1, 2003

DME Providers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**For Information Contact:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Supersedes: 02-50 MAA**

**Subject: Revised Fee Schedule for Wheelchairs**

The Medical Assistance Administration (MAA) has revised the Wheelchair Fee Schedule section in MAA's Wheelchairs, Durable Medical Equipment and Supplies Billing Instructions. The new maximum allowables are **effective for dates of service on and after July 1, 2003**.

Replacement pages I.1-I.26 are attached for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated September 2001. These replacement pages include rebased maximum allowables for wheelchairs and accessories only.

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

**Send reimbursement issues, questions, or comments to:**

DME Manager  
Rates Analysis Section  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
Fax # (360) 753-9152

**Send authorization issues, questions, or comments to:**

Durable Medical Equipment Program  
Management Unit (DMEPMU)  
Division of Medical Management  
PO Box 45506  
Olympia Washington 98504-5506  
1-800-292-8064  
Fax # (360) 586-5299



**Pages I.1 - I.25 in excel file.**

**This is a blank page...**